Wyoming Department of Health Behavioral Health Division, Mental Health and Substance Abuse Services Section



FY 2014 Adult Statewide Consumer Survey Report Mental Health and Substance Abuse Services

State of Wyoming Department of Health Thomas O. Forslund, Director

2014 Statewide Consumer Survey Report

Published by the
Wyoming Department of Health
Behavioral Health Division
Chris Newman, M.H.A, Senior Administrator
Alice Russler, Ed.D., Administrator
Joe Simpson, M.S., Ed.S, Administrator

Additional information is available from Janet Jares and Janet Altum 6101 Yellowstone Road, Suite 220 Cheyenne, WY 82002 (307) 777-6494 1-800-535-4006 janet.jares@wyo.gov

Visit us on the web http://health.wyo.gov/behavioralhealth
This document is available in alternative format.

Acknowledgements

In the past the Behavioral Health Division contracted the administration of this survey with Nancy M. Callahan, Ph.D., and I.D.E.A. Consulting. Dr. Callahan provided technical assistance for this report pro bono. The survey design and past reports written by her agency, in consultation with the Behavioral Health Division, were used to create this report.

Table of Contents

Purpose and Survey Methodology	1
Consumer Survey Domains	2 – 3
Statewide Results Summary	3
Mental Health Outpatient	4 – 6
Substance Abuse Treatment	7 – 9
Summary	10
Appendix A: Sample 2014 Adult Consumer Survey Instruments	

Purpose

The Wyoming Department of Health, Behavioral Health Division (Division) contracts with 14 Community Mental Health Centers (CMHCs) and 18 Substance Abuse Centers (SACs) to deliver accessible, quality, and cost-effective services to persons needing these outpatient services. Part of the Division's continuous quality improvement process is to gather consumer feedback, via an annual consumer survey, to assess satisfaction, access, treatment planning, quality of care, cultural sensitivity, social connections, and client outcomes. This information informs the service delivery system by identifying areas of strength as well as opportunities for improvement. The Division utilizes information from the consumer survey in its quality management efforts and for the Wyoming Department of Health's HealthStat process. HealthStat is the Department's performance improvement process. A statewide consumer survey is required by the federal mental health and substance abuse block grant the State receives from the Substance Abuse and Mental Health Services Administration (SAMHSA).

All CMHCs and SACs participate in different quality improvement and outcome measurement activities to ensure that services meet the needs of persons who utilize their services. As a condition of their contract with the Division, these agencies are required to participate in this annual consumer survey. CMHCs and SACs may utilize the consumer survey information to meet national accreditation standards.

Survey Methodology

In the past the Division received federal funding to support administration of the annual consumer survey which was used to contract with an outside entity to administer the survey. This funding was not available for the fiscal year (FY) 2014 survey and a decision was made to administer the survey internally.

The survey instruments utilized during 2012 and 2013 were again used in 2014. These instruments were developed to collect information on quality indicators of specific relevance to Wyoming's public mental health and substance use systems as well as to ensure data comparability with national quality benchmarks. Wyoming, as well as all other states that receive federal block grant funding through SAMHSA, adapted the most recent versions of the federal Mental Health Statistics Improvement Program (MHSIP) surveys for the purposes of this study. One survey was developed for adults (ages 18 and older) receiving mental health services from the state-funded CMHCs. The second survey was developed for adults (ages 18 and older) receiving substance use treatment services from the state-funded SACs. Both surveys were available in English and Spanish.

The surveys asked questions regarding the respondent's perception of services. The questions asked the respondent statements about the services they received (e.g., "Services were available at times that were good for me") and personal outcomes (e.g., "As a direct result of the services I received, I am better able to handle things when they go wrong"). Statements were rated on a three-point Likert-type scale: Agree, Neutral, or Disagree. Respondents could also choose Not Applicable (N/A) for those survey statements that did not apply. Survey respondents also answered a few questions to describe their demographic information (e.g., age, gender, and

race/ethnicity). No specific information was collected on the surveys that would identify the client completing the survey. The survey instruments used in this study are provided in Appendix A. Survey questions cover several different domains, which are detailed below.

Staff for the 14 CMHCs and 18 SACs distributed the surveys between May 12 - 30, 2014. Adult clients were asked to complete a survey when they arrived at the center. The surveys were collected in a confidential manner. Once a client completed the survey, he/she placed the completed survey in a sealed collection box. Completed surveys were sent to the Division for data entry, analysis, and report preparation. Three local agencies selected to have some clients complete the survey via an online system.

The Division utilized SurveyMonkey to input data. Spreadsheets were created and then average rates of return, percent who agreed with the statements, and other information were calculated and comparisons between agencies were shown. These reports are available on the internet http://www.health.wyo.gov/mhsa/QMOMainPage.html.

Local reports were provided to the executive director of each CMHC/SAC if the total number of surveys exceeded 20. If there were less than 20 surveys, the results were factored into the statewide reports but they were not reported for the local center.

Consumer Survey Domains

Two consumer surveys were developed. One was designed for mental health treatment services and one for substance use treatment services. The majority of questions were the same on both surveys. The consumer surveys obtained client feedback on a broad range of areas which may be categorized into several different domains. These domains are outlined below.

<u>General Satisfaction.</u> General satisfaction with services was calculated by combining the questions in each of the following domains: Access, Treatment Planning, Quality of Services, and Cultural Sensitivity. This combined general satisfaction score provides a summary of overall satisfaction with services.

<u>Access.</u> Questions regarding access to services provide information on the timeliness of services and if the client reported receiving all of the services that they need.

<u>Treatment Planning.</u> Information on the level of involvement with treatment planning provides feedback on the individual's participation in helping plan service goals and making decisions regarding their treatment.

<u>Quality of Services</u>. Individuals provide feedback on the quality of services: if staff provide information regarding medication side effects; if staff encourage them to take responsibility for how they live; if staff treat them with respect; and if staff believe that they can change and recover.

<u>Cultural Sensitivity.</u> Respondents provide feedback on whether staff are sensitive to their cultural/ethnic background.

<u>Social Connectedness.</u> Individuals provide feedback on questions regarding the availability of a support system and network of family and friends who are supportive of their recovery.

<u>Outcomes.</u> Individuals provide information on whether the services that they receive are helping them handle things when they go wrong; whether they are better able to deal with a crisis; whether they get along better with family; and whether they do better in school and/or work.

While both the Mental Health and the Substance Abuse surveys contained all of these domains and most questions were the same, there were a few differences between the surveys. The Substance Abuse survey did not include the question related to seeing a psychiatrist nor the one related to staff speaking in a way that was understood. The Substance Abuse survey also included these two items: "I am better able to do the things that I want to do" and "I spend more time with people who do not use alcohol and/or drugs."

Notes and Limitations

The survey was administered using the words "substance abuse." Nationwide and in Wyoming the label for these services has changed to "substance use."

While CMHC and SAC specific data are only referenced briefly in this report, statistically there is less validity for specific agency results if there were few survey participants (a lower N) or a low rate of return. The calculations used for this report are simple mathematical averages.

Statewide Results

The statewide results were calculated by dividing the number of respondents that marked "Agree" by the total responses without N/A included in the calculation. Here are the results for 2014 divided by domain. Discussion is provided in each of the following sections, Mental Health Outpatient Services and Substance Abuse Treatment Services. Consistent with other Division reports, Mental Health is coded with lavender and Substance Abuse with teal.

Summary

FY 2014 Percent of Mental Health and Substance Use Treatment Respondents Who Agree with each Domain Survey Statements

2014	Mental Health	Substance
		Abuse
General Satisfaction	87.2%	77.1%
Access	85.5%	77.1%
Treatment Planning	82.5%	68.7%
Quality of Services	90.7%	81.1%
Cultural Sensitivity	89.6%	79.9%
Social Connectedness	74.9%	85.7%
Outcomes	70.2%	73.4%

Mental Health Outpatient Services

For 2014 a record number of surveys were returned and exceeded the return rate for past years (the number of surveys returned in relationship to the total number of persons served).

Mental.	Health	Outpatient	t Services:	Number	of Surveys

Fiscal Year	Number of Surveys	Percent of Persons Served
2014	2,018	11.5%
2013	1,804	10.4%
2012	1,448	8.3%

For 2014, the return rate by CMHCs ranged from 4.6% to 27.7%. Ten of the 14 CMHCs returned surveys totaling between 10% and 16.8% of their total persons provided mental health services.

Strengths: Mental Health

Over the past three years client perceptions of satisfaction and outcomes have remained generally stable within the mental health consumer survey. Comparing 2012 with 2014, there is an increase in the percent of clients who agreed that "If I receive prescription medicine, staff told me the possible side effects" (2012: 74.8%; 2014: 79.8%). For this indicator in 2014, CMHC results ranged from 66.7% to 96.4%. Some increase occurred for the access measures of "I was able to get all of the services I thought I needed" (2012: 86.2%; 2014: 88.4%) and "I was able to see a psychiatrist when I wanted" (2012: 73.2%; 2014: 76.4%). For the services question, CMHC results ranged from 66% to 95% with twelve CMHC averages 87% or above. For the psychiatrist question, the averages ranged from 64% to 92% with larger CMHCs grouped nearer the state average.

Three categories increased for the outcomes measures in the mental health survey. These are client perceptions that as a result of the services received "I do better in school and/or family" (2012: 64%; 2014: 68.9%), "I am able to handle things when they go wrong" (2012: 70.4%; 2014: 76.8%), and "I am better able to deal with a crisis" (2012: 70.4%; 2014: 73.7%). Overall, outcomes were reported to be slightly higher in 2014 than during the past two years. Among the CMHCs, the school indicator ranged from 51.9% to 82.9%, the handle things indicator ranged from 55% to 86.5%, and the crisis indicator ranged from 55.9% to 84.2%.

Opportunities: Mental Health

As in past years, areas of opportunity exist in the outcomes and social connectedness categories. The overall percentage of clients who agree with the outcome statements remains around 70%. Likewise, the two social connectedness questions continue to yield agreement for only 74.7% of the survey participants. While there has been an increase of agreement in "I was able to see a psychiatrist when I needed" and "If I receive prescription medicine, staff told me the possible side effects" the results sit at 76.4% and 79.8%, respectfully. While not as low as in the

Substance Abuse Treatment results described below, there is a deficit in the "I, not staff, decided my treatment goals" (70%). The results for CMHCs for the medication question ranged from 66.7% to 96.4%. The treatment goal question ranged from 64% to 83%. The other questions also show variance between CMHCs.

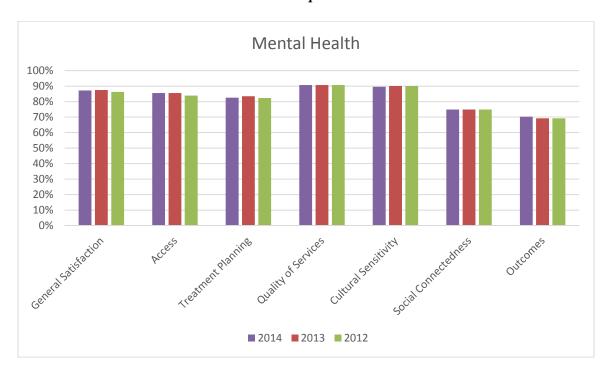
Data Summary: Mental Health

FY 2014, 2013, and 2012 Percent of <u>Mental Health</u> Respondents Who Agree with each <u>Domain</u> Survey Statements

Table

	2014	2013	2012
General Satisfaction	87.2%	87.5%	86.3%
Access	85.5%	85.5%	83.9%
Treatment Planning	82.5%	83.5%	82.3%
Quality of Services	90.7%	90.7%	90.7%
Cultural Sensitivity	89.6%	90.1%	90.1%
Social Connectedness	74.9%	74.9%	74.9%
Outcomes	70.2%	69.2%	69.2%

FY 2014, 2013, and 2012 Percent of <u>Mental Health</u> Respondents Who Agree with each <u>Domain Survey Statements</u>
Graph



Details: Mental Health

Clients receiving mental health outpatient services were asked to answer the following questions. Presented here are the results from the 2014, 2013, and 2013 surveys. The "Count" is for 2014 and does not include survey participants who did not answer the question and does not include the N/A responses. "Percent Agree" is calculated without N/A.

Mental Health Outpatient Services	2014	4	2013	2012
·	Count Without NA	Percent Agree	Percent Agree	Percent Agree
General Satisfaction*		87.2%	87.5%	86.3%
*Summary of Access, Treatment Planning, Qu	ality of Services	s, and Cultui	ral Sensitivity	
Access		85.5%	85.5%	83.9%
Services were available at times that were good for me.	2001	90.5%	90.2%	90.9%
I was able to get all of the services I thought I needed.	1987	88.4%	87.5%	86.2%
I was able to see a psychiatrist when I wanted.	1696	76.4%	77.7%	73.2%
Treatment Planning		82.5%	83.5%	82.3%
I, not staff, decided my treatment goals.	1927	70.0%	71.8%	70.4%
I believe that staff see me as a partner in my treatment.	1967	86.9%	87.8%	87.3%
I felt comfortable asking questions about my treatment and medication.	1929	90.6%	90.7%	89.3%
Quality of Services		90.7%	90.7%	90.7%
If I receive prescription medicine, staff told me the possible side effects.	1428	79.8%	78.0%	74.8%
Staff encouraged me to take responsibility for how I live my life.	1949	89.4%	88.6%	89.9%
Staff treated me with respect.	2003	94.8%	96.1%	94.9%
Staff spoke with me in a way that I understood.	1998	95.0%	95.3%	95.1%
Staff here believe that I can grow, change, and recover.	1953	91.6%	91.8%	89.8%
Cultural Sensitivity		89.6%	90.1%	90.1%
Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)	1791	89.6%	90.1%	89.3%
Social Connectedness		74.7%	74.9%	74.9%
In a crisis, I would have the support I need from family or friends.	1974	72.7%	72.9%	71.5%
I have people who are close to me who motivate and support my wellness and recovery.	1972	76.6%	77.0%	75.9%
Outcomes		70.2%	69.2%	69.2%
I am better able to handle things when they go wrong.	1949	76.8%	75.4%	73.3%
I am better able to deal with crisis.	1938	73.7%	71.7%	70.4%
I am getting along better with my family.	1848	68.6%	68.0%	67.1%
I do better in school and/or work.	1557	68.9%	66.6%	64.0%
My symptoms are not bothering me as much.	1879	62.2%	63.7%	60.7%

Substance Abuse Treatment Services

For 2014 a record number of surveys were returned and exceeded the return rate for past years (the number of surveys returned in relationship to the total number of persons served).

Substance Abuse Treatment Services

Fiscal Year	Number of Surveys	Percent of Persons Served
2014	1,202	15.1%
2013	1,127	14.9%
2012	1,018	13.2%

For 2014, the return rate by SACs ranged from 5.8% to 42.9%. Ten of the 18 SACs returned surveys totaling between 12.7% and 20.7% of their total persons provided substance abuse treatment services.

Strengths: Substance Abuse

Over the past three years client perceptions of satisfaction and outcomes have varied across the domains for the Substance Abuse Treatment Consumer Survey. The 2013 survey appears to have yielded higher domain scores than 2012 or 2014. Comparing 2012 to 2014 there are increases of the Percent Agree for several questions.

In the Treatment Planning domain there is an increase for "I felt comfortable asking questions about my treatment and medication" (2012: 64.1%; 2014: 68.7%) and "I, not staff, decided my treatment goals" (2012: 64.1%; 2014: 68.7%). For the question "If I receive prescription medicine, staff told me the possible side effects" increased (2012: 56.3%; 2014: 63.1%) and there is an increase for "Staff were sensitive to my cultural/ethnic background" (2012: 76.4%; 2014: 79.9%).

For 2014, in comparing the SACs, results for the comfort question ranged from 57.1% to 91.7%. For the treatment goal question, the low was 31.6% and the high 75% with half (8) of the SACs falling between 51% and 63%. The prescription medication question ranged widely from 20% to 90% with half (8) of the SACs averaging between 58% and 74%. And the culture question ranged from 63.6% to 100%.

There are notable increases for three Outcome domain questions and, overall, the Outcome domain increased from 71.2% in 2012 to 73.4% in 2014. The statements that increased are "I am better able to handle things when they go wrong" (2012: 72.9%; 2014: 76.6%) (range in 2014: 43.2% to 95%), "I do better in school and/or work" (2012: 64.5%; 2014: 67.9%) (range 38.5% to 85.7%), and "I spend more time with people who do not use alcohol and/or drugs" (2012: 77.4%; 2014: 80.1%) (range 42.9% to 87.5%).

Opportunities: Substance Abuse

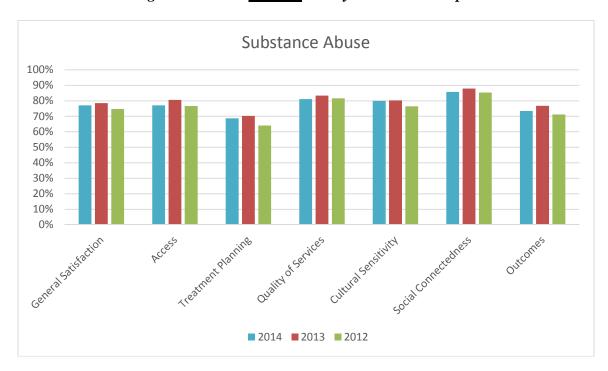
As in past years, areas of opportunity exist in the outcomes and social connectedness categories for substance abuse treatment providers. The overall percentage of clients who agree with the outcome statements remains below 75% with the lowest in the Outcome domain "I do better in school and/or work" sitting at 67.9%. Notably, the Treatment Planning domain for substance abuse remains below 70% with only 55.3% of respondents agreeing that "I, not staff, decided my treatment goals." While many treatment agencies have adopted progressive access processes, the opportunity to continue to advance helpful access policies remains. As in the Mental Health section, there are wide ranges between the SAC results.

Data Summary: Substance Abuse

FY 2014, 2013, and 2012 Percent of <u>Substance Abuse Treatment</u> Respondents Who Agree with each Domain Survey Statements Table

	2014	2013	2012
General Satisfaction	77.1%	78.5%	74.7%
Access	77.1%	80.6%	76.6%
Treatment Planning	68.7%	70.2%	64.1%
Quality of Services	81.1%	83.4%	81.6%
Cultural Sensitivity	79.9%	80.3%	76.4%
Social Connectedness	85.7%	87.9%	85.3%
Outcomes	73.4%	76.7%	71.2%

FY 2014, 2013, and 2012 Percent of <u>Substance Abuse Treatment</u> Respondents Who Agree with each Domain Survey Statements Graph



Details: Substance Abuse

Clients receiving substance use treatment services were asked to answer the following questions. Presented here are the results from the 2014, 2013, and 2012 surveys. The "count" is for 2014 and does not include survey participants who did not answer the question and does not include the N/A responses. "Percent agree" is calculated without N/A.

Substance Abuse Treatment	2	014	2013	2012	
	Count Without NA	Percent Agree	Percent Agree	Percent Agree	
General Satisfaction*		71.1%	78.5%	74.7%	
*Summary of Access, Treatment Planning, Q	uality of Se	vices, and Cult	ural Sensitivi	ty	
Access		77.1%	80.6%	<i>76.6%</i>	
Services were available at times that were good for me.	1182	76.6%	79.5%	76.6%	
I was able to get all of the services I thought I needed.	1170	77.8%	81.7%	76.6%	
Treatment Planning		68.7%	70.2%	64.1%	
I, not staff, decided my treatment goals.	1151	55.3%	57.5%	50.9%	
I believe that staff see me as a partner in my treatment.	1137	70.8%	73.7%	68.0%	
I felt comfortable asking questions about my treatment and medication.	1107	80.4%	79.8%	73.9%	
Quality of Services		81.1%	83.4%	81.6%	
If I receive prescription medicine, staff told me the possible side effects.	661	63.1%	61.5%	56.3%	
Staff encouraged me to take responsibility for how I live my life.	1171	86.1%	87.4%	87.1%	
Staff treated me with respect.	1185	86.2%	87.0%	84.0%	
Staff here believe that I can grow, change, and recover.	1169	88.5%	88.7%	87.9%	
Cultural Sensitivity		79.9%	80.3%	<i>76.4%</i>	
Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)	1089	79.9%	80.3%	76.4%	
Social Connectedness		85.7%	87.9%	<i>85.3%</i>	
In a crisis, I would have the support I need from family or friends.	1178	85.7%	87.2%	85.3%	
I have people who are close to me who motivate and support my wellness and recovery.	1178	85.8%	88.5%	85.4%	
Outcomes		73.4%	76.7%	71.2%	
I am better able to handle things when they go wrong.	1160	76.6%	79.8%	72.9%	
I am better able to deal with crisis.	1162	74.6%	78.6%	74.1%	
I am getting along better with my family.	1141	72.4%	75.6%	70.9%	
I do better in school and/or work.	1049	67.9%	70.1%	64.5%	
My symptoms are not bothering me as much.	1110	70.2%	74.7%	69.3%	
I am better able to do things I want to do.	1119	71.5%	75.7%	69.0%	
I spend more time with people who do not use alcohol and/or drugs	1095	80.1%	81.6%	77.4%	

Summary

The results from the consumer surveys can be used to improve access and quality of services and help clients achieve positive outcomes. As health care reform continues to change, the CMHC and SAC providers have a strong foundation to create vital linkages with the healthcare community and to promote integrated health care services for their clients. This integration will help clients reconcile medications, have shared treatment planning, and benefit from enhanced services to promote health, wellness, and recovery.

The Behavioral Health Division will continue to work with community providers to increase the quality of services and advance the perceptions that clients have about the care they receive. Technical assistance to address specific domains will be provided at both the local and statewide level to enable further improvements.

Appendix A: Sample 2014 Adult Consumer Survey Instruments

For your information, samples of the 2014 Adult Consumer Surveys for both Mental Health and Substance Abuse are included on the following pages.

Wyoming Department of Health Mental Health Consumer Survey 2014

In order to provide the best mental health services, we would like to know what you think about the services you are receiving. Your answers will be kept confidential and will be used to improve future services.

For each survey item below, please check the box that corresponds to your answer.

Thank you for taking the time to complete this survey!

	Agree	Neutral	Disagree	N/A
1. Services were available at times that were good for me.				
2. I was able to get all of the services I thought I needed.				
3. I, not staff, decided my treatment goals.				
4. I was able to see a psychiatrist when I wanted to.				
5. If I receive prescription medicine, staff told me what side effects to watch out for.				
6. I believe that staff see me as a partner in my treatment.				
7. I felt comfortable asking questions about my treatment and medication.				
8. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).				
9. Staff encouraged me to take responsibility for how I live my life.				
10. Staff treated me with respect.				
11. Staff spoke with me in a way that I understood.				
12. Staff here believe that I can grow, change, and recover.				
13. In a crisis, I would have the support I need from family or friends.				
14. I have people who are close to me who motivate and support my wellness and recovery.				
As a direct result of the services I received here:				
15. I am better able to handle things when they go wrong.				
16. I am better able to deal with crisis.				
17. I am getting along better with my family.				
18. I do better in school and/or work.				
19. My symptoms are not bothering me as much.				
Please answer the following questions about your physical h	realth:			
20. My physical health problems contribute to my mental health problems.				
21. I had a visit with a physical health doctor in the past year.				
22. I have physical health problems that are not being adequately treated.				
23. I would like this agency to help me get services for my physical health problems.				
Age (in years): Gender: ☐ Male ☐ Female Hispanic: ☐ Yes ☐ No				
Race/Ethnicity: White/Caucasian African American/Black Native American/Alaskan Native Asian/Pacific Islander Other (specify):				

Wyoming Department of Health Substance Abuse Consumer Survey 2014

In order to provide the best substance abuse services, we would like to know what you think about the services you are receiving. Your answers will be kept confidential and will be used to improve future services.

For each survey item below, please check the box that corresponds to your answer.

Thank you for taking the time to complete this survey!

	Agree	Neutral	Disagree	N/A
1. Services were available at times that were good for me.				
2. I was able to get all of the services I thought I needed.				
3. I, not staff, decided my treatment goals.				
4. I believe that staff see me as a partner in my treatment.				
5. If I receive prescription medicine, staff told me what				
side effects to watch out for.				Ш
6. I felt comfortable asking questions about my treatment				
and medication.				
7. Staff were sensitive to my cultural/ethnic background				
(race, religion, language, etc.).				Ш
8. Staff encouraged me to take responsibility for how I live				
my life.				
9. Staff treated me with respect.				
10. Staff here believe that I can grow, change, and recover.				
11. I have people who are close to me who motivate and				
support my wellness and recovery.				Ш
12. In a crisis, I would have the support I need from family				
or friends.				
As a direct result of the services I received here:				
13. I am better able to handle things when they go wrong.				
14. I am better able to deal with crisis.				
15. I am getting along better with my family.				
16. I do better in school and/or work.				
17. My symptoms are not bothering me as much.				
18. I am better able to do things that I want to do.				
19. I spend more time with people who do not use alcohol				
and/or drugs.				Ш
Please answer the following questions about your physical h	realth:			
20. My substance abuse problems contribute to my physical	П			
health problems.				
21. I had a visit with a physical health doctor in the past				
year.				
22. I have physical health problems that are not being				
adequately treated.				
23. I would like this agency to help me get services for my	П			
physical health problems.				
Age (in years):				
Gender:				
Hispanic:				
Race/Ethnicity: White/Caucasian African American	n/Black] Native Am	erican/Alask	an Native
Asian/Pacific Islander Other (specify):				